

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013953

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 378Primary Registration District No. 4552Registrar's No. 15

STATE FILE NUMBER

FILED MAR 27 1962

1. PLACE OF DEATH

a. COUNTY Wrightb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mountain GroveLength of stay in lb
14 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 419 Brentwood StreetInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Wrightc. CITY OR TOWN Mountain GroveInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
419 Brentwood StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
VERNON A. GODKIN4. DATE OF DEATH
Month Day Year
March 16, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/13/1901

9. AGE (last birthday)

60 Years

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

M.F.A. Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (City and state or country)

Platte County, Neb.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

W.H. Godkin

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Ferris Goldman Godkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Ferris Godkin - Mtn. Grove, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) INANITION AND Debilitation

INTERVAL BETWEEN ONSET AND DEATH

8 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMATOSIS3 months.DUE TO (c) PRIMARY CARCINOMA OF PAROTID GLAND 2 1/2 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept - 1959 to MARCH 16 - 1962 last saw him alive on MARCH 16 - 1962
Death occurred at 6:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard E. Mitchem DO.

22b. ADDRESS

Mountain Grove, Mo

22c. DATE SIGNED

3/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/19/1962

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Cemetery

23d. LOCATION (City, town, or county)

Mountain Grove, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Barber Funeral Home - Mtn. Grove, Mo

25. DATE RECD. BY LOCAL REG.

3-19-1962

26. REGISTRAR'S SIGNATURE

Denise L. Silverman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/591 11402 1141234 05 167 18 29 142.0101112 90-213 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3848

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.